NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

(Continued)

RECIPIENT - FINANCIAL ELIGIBILITY TESTS		Notice Date : Case	
		Name :	
		Number : Worker	
		Name :	
		Number :	
		Telephone:	
You are ineligible because your Total Net Countable		Address :	
Income is more than your Maximum Aid Payment.			
Net Countable Income			
Total Business Income	\$		
	Ψ		_
Business Expenses:			
a. 40% Standard OR	-		_
b. Actual	_		
Net Earnings from Self-Employment	=		_
			_
Total Disability-Based Unearned Income (Assistance			
Unit + Non-Assistance Unit Members)	\$		_
\$225 Disregard	-		_
Nonexempt Unearned Disability-Based Income OR	=		_
Unused Amount of \$225 Disregard	=		_
Total Earned Income	\$		_
Net Earnings from Self-Employment (from above)	+		_
Subtotal	=		_
Unused Amount of \$225 Disregard	-		_
Subtotal	=		_
Earned Income Disregard 50%	-		_
Subtotal	=		_
Nonexempt Unearned Disability-Based Income			
(from above)	+		
Other Nonexempt Income (Assistance Unit +			_
Non-Assistance Unit Members)	+		
	+		_
Child Support collected by the County, Except for Maximum			_
Family Grant child (for financial eligibility only)	+		
Total Net Countable Income	=		_
Maximum Aid Payment			
Maximum Aid forPersons (Assistance Unit + Non-			
Assistance Unit Members)	\$		
Special Needs (Assistance Unit + Non-Assistance Unit	Ψ		_
Members)	+		
Maximum Aid Payment	_		_
maximum Aid Luymont	_		_

Rules: These rules apply; you may review them at your welfare office: MPP 44-207.2 **State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of page 1 tells how.